FILED
MARIE RAMSEY - HIRST COURT CLERK
CANADIAN COUNTY OKLA.

OCT 1.3 2015

IN THE DISTRICT COURT OF STATE OF OKLA	
REINALDO LOZANO,) DEPUTY
Plaintiff,))
v.) Case No.: CJ-2015- S7S
GOLDEN RULE INSURANCE COMPANY,)) (455 450 00 00 00 00
Defendant.) CASE ASSIGNED TO:
PETITION	JUDGE: GARY E. MILLER

COMES NOW the Plaintiff, Reinaldo Lozano, and for his causes of action against

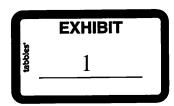
Defendant Golden Rule Insurance Company, alleges and states as follows:

I. JURISDICTION AND VENUE

- 1. Plaintiff Reinaldo Lozano ("Lozano") is a resident of El Reno, Canadian County, State of Oklahoma.
- 2. Defendant Golden Rule Insurance Company ("Golden Rule") is an insurance company incorporated in the State of Indiana and licensed to and engaged in the business of insurance in the State of Oklahoma, including Canadian County.
- 3. The events which give rise to this lawsuit occurred in El Reno, Canadian County, Oklahoma.
- 4. The District Court in and for Canadian County has jurisdiction over the partiers 12 O.S. §§ 137 and 187.

FACTS

5. Plaintiff hereby adopts and alleges each of the facts and allegations set forth in paragraphs 1-4 above.



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- 6. Golden Rule issued an individual health insurance policy to Plaintiff, Policy No. G27SVR2012 and Certificate No. 093-172596, effective June 15, 2013 ("the Policy"), which provided health insurance to Plaintiff.
- 7. While the policy was in force and Plaintiff was entitled to benefits, Plaintiff fell from a roof and suffered injuries that required medical treatment. Plaintiff's injuries ultimately required surgery to his neck, which was performed on September 26, 2013.
- 8. Plaintiff submitted all medical bills related to the September 26, 2013 neck surgery as well as all medical bills for preoperative and postoperative appointments and rehabilitation services to Golden Rule.
- 9. On September 4, 2013, Plaintiff received an Explanation of Benefits from Golden Rule stating that the services received from INTEGRIS Canadian Valley Hospital on August 14, 2013 were covered and benefits were provided for in the amount of \$3903.00. (Explanation of Benefits from Golden Rule, 09/04/13, attached as Exhibit "1"). That same day, Plaintiff also received an Explanation of Benefits from Golden Rule stating that the services received from Radiology Associates on August 14, 2013 were covered and benefits were provided for in the amount of \$360.53. (Ex. "1").
- 10. Subsequently, on October 22, 2015, Plaintiff received another Explanation of Benefits from Golden Rule that showed that medical services rendered to Plaintiff relating to the neck surgery on September 26, 2013 were covered. (Explanation of Benefits from Golden Rule, 10/22/13, attached as Exhibit "2"). That same day, Plaintiff also received an Explanation of Benefits from Golden Rule that confirmed services provided by NeuroScience Specialists, Oklahoma Spine and American Intraoperative

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Monitoring relating to the neck surgery on September 26, 2013 were covered and benefits were provided. (Ex. "2"). Lastly, on October 29, 2013, Plaintiff received an Explanation of Benefits that other services provided during the neck surgery on September 26, 2013 were covered and benefits were provided. (Explanation of Benefits from Golden Rule, 10/29/13, attached as Exhibit "3").

- Explanation of Benefits from Golden Rule stating that services provided by Oklahoma Spine on September 19, 2013 were not covered and no benefits were provided because "THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE." (Explanation of Benefits from Golden Rule, 12/09/13, attached as Exhibit "4"). Plaintiff received another Explanation of Benefits from Golden Rule on December 9, 2013 that services provided by NeuroScience Specialists relating to the surgery on September 26, 2013 as well as postoperative services at the end of September and in October were not covered for the same reasons. (Ex. "4"). Some of the Explanation of Benefits documents also state "PLEASE REFER TO OUR LETTER DATED 12/05/13". (Ex. "4").
- 12. That same day, Plaintiff also received another Explanation of Benefits from Golden Rule that services provided on October 26, 2013 by Healthcare One were not covered and no benefits were provided and stated "PLEASE REFER TO OUR LETTER DATED 12/05/13" and "THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE." (Ex. "4"). Lastly, Plaintiff was provided with Explanation of Benefits from Golden Rule that all other services provided during his

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neck surgery as well as postoperative services in October by various providers were not covered on the same basis as previous denials. (Ex. "4").

- 13. Again, on December 17, 2013, Plaintiff was provided Explanation of Benefits from Golden Rule that confirmed that medical services provided during his neck surgery and postoperative services, including rehabilitation services, were not covered because "THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE." (Explanation of Benefits from Golden Rule, 12/17/13, attached as Exhibit "5").
- 14. Next, on December 20, 2013, Plaintiff received an Explanation of Benefits that services provided on December 3, 2015 by Healthcare One and services provided in October by Radiology Consultants were not covered and no benefits were provided on the same basis as the previous denials. (*Explanation of Benefits*, 12/20/13, attached as Exhibit "6").
- 15. Finally, on January 2, 2014, Plaintiff was provided with an Explanation of Benefits from Golden Rule that all services provided by NeuroScience Specialists following the surgery were not covered and no benefits were provided on the same basis as the previous denials. (Explanation of Benefits from Golden Rule, 01/02/14, attached as Exhibit "7").
- 16. The December 5, 2013 letter that Golden Rule directed Plaintiff to reference in the Explanation of Benefits documents states as follows:

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As indicated in our previous letter¹, your coverage has been terminated.

After reviewing our records, it was determined that you are not due a refund. We apologize for any confusion our letter dated December 2, 2013, may have caused you.

If you have any questions or concerns, please contact our Client Services department.

(Letter from Golden Rule to Reinaldo Lozano, 12/05/13, attached as Exhibit "9").

17. Upon information and belief, Plaintiff was informed by Golden Rule that it was going to seek reimbursement from Plaintiff's providers for any medical bills that were paid after Golden Rule terminated the Policy.

FIRST CAUSE OF ACTION - BREACH OF CONTRACT

- 18. Plaintiff hereby adopts and realleges each of the facts and allegations set forth in paragraphs 1-17 above.
- 19. Golden Rule breached the contract by refusing to pay Plaintiff's health insurance claim and benefits that were covered and due under the Policy.
- 20. As a direct result of Defendant's breach of contract, Plaintiff has suffered damages.
- 21. Plaintiff has been forced and compelled to hire an attorney to prosecute this action.
- 22. Plaintiff is entitled to recover his costs and attorney fees associated with this action.
- 23. As a direct and proximate result of Defendant's breach of the insurance contract, Plaintiff has suffered damages in excess of Ten Thousand Dollars (\$10,000),

¹ Although it references a "previous letter," Plaintiff has no record of receiving such a letter at any time, either prior to or after Golden Rule's December 5, 2013 letter, that explains or describes why the Policy was terminated.

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with interest, costs, a reasonable attorney fee and all other relief which the Court may deem just and equitable.

SECOND CAUSE OF ACTION – BREACH OF THE DUTY OF GOOD FAITH AND FAIR DEALING

- 24. Plaintiff hereby adopts and realleges each of the facts and allegations set forth in paragraphs 1-23 above.
- 25. As an insurance company licensed to do business in the State of Oklahoma, Defendant is bound by Oklahoma statutory and common law to honor its contractual obligations to its insureds in good faith. As such, Defendant has and continues to have a duty to deal fairly and in good faith with Plaintiff, its insured.
- 26. Defendant breached its duty to deal fairly and in good faith with Plaintiff because Defendant must conduct a full, fair and timely investigation and properly evaluate and promptly pay Plaintiff's claim.
- 27. Defendant breached its duty to deal fairly and in good faith with Plaintiff because Defendant put its own interests ahead of Plaintiff by terminating the Policy and retroactively denying properly owed benefits in an attempt to save Defendant money.
- 28. Defendant breached its duty to deal fairly and in good faith with Plaintiff because Defendant terminated the Policy without any policy provision basis and provided no explanation of the termination to Plaintiff.
- 29. As a result Defendant's breach of their duty to deal fairly and in good faith, Plaintiff suffered damages in excess of the amount required for diversity jurisdiction pursuant to 28 U.S.C. § 1332, with interest, costs, a reasonable attorney fee, and such other relief as may be just and equitable.

- 30. Defendant's breach of the duty of good faith and fair dealing was intentional and malicious.
- 31. Punitive damages should be awarded against Defendant in an amount sufficient to punish Defendant and deter others.

WHEREFORE, Plaintiff Reinaldo Lozano prays for judgment against Defendant Golden Rule Insurance Company for an amount in excess of the amount required for diversity jurisdiction pursuant to 28 U.S.C. § 1332, together with costs, interest, reasonable attorney fees, and other relief which this Court deems just and equitable.

ATTORNEYS' LIEN CLAIMED JURY TRIAL DEMANDED

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Respectfully submitted,

Simone Gosnell Fulmer, OBA #17037

Jacob L. Rowe, OBA #21797

Harrison C. Lujan, OBA #30154

FULMER GROUP, PLLC

P.O. Box 2448

1101 N. Broadway Ave., Suite 102

Oklahoma City, OK 73101

Phone/Fax: (405) 510-0077

sfulmer@fulmergrouplaw.com

jrowe@fulmergrouplaw.com

hlujan@fulmergrouplaw.com

ATTORNEYS FOR PLAINTIFF

A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

EL RENO OK 73036-2910

REINALDO LOZANO
114 N HOFF AVE

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

09/04/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13238-42238-00

TOTAL REPRICED REMARK COVERED COVERED OTHER **SERVICE DATES PROVIDER COVERED** CHARGED **AMOUNT** CODE **BASE PLAN** MEDICAL **COVERED** 08/14-08/14/13 INTEGRIS CANAD 4638.00 3903.00 3903.00 D1 3903.00 **TOTALS** 4638.00 3903.00 3903.00 3903.00 LESS DEDUCTIBLE OR ----- REMARK SECTION -----**COPAYMENT AMOUNT** 3903.00 -- \$3903.00 OF YOUR 01/01/2013 THROUGH BALANCE 12/31/2013 PLAN YEAR DEDUCTIBLE HAS BEEN MET. \$6097.00 IS LEFT TO BE SATISFIED. PAYABLE AT: 01 THE REPRICED AMOUNT REFLECTS A **NEGOTIATED FEE FROM A NETWORK** PROVIDER. **TOTAL AVAILABLE BENEFIT:** 00 FIND INFORMATION ABOUT YOUR PLAN AND **ADJUSTMENTS: ANSWERS TO YOUR QUESTIONS 24/7 AT** MYUHONE.COM

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

EXHIBIT 1

TOTAL DRAFTS PAYABLE:



Golden Rule

A Unitedi-lealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

EL RENO OK 73036-2910

REINALDO LOZANO 114 N HOFF AVE

1

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

09/04/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13227-46715-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
08/13-08/13/13 08/13-08/13/13 08/13-08/13/13	HEALTHCARE ONE HEALTHCARE ONE HEALTHCARE ONE	150.00 99.00 10.00	.00 60.68 3.22	150.00 .00 .00	01 02 03 03 03			
	TOTALS	259.00	63.90	150.00				
F	REMARK SECTION			S DEDUCTIE AYMENT AN				
01 THE CHARGE BY YOUR NETV	WAS REPRICED TO ZEF VORK.	RO	 	BAL	ANCE			

02 CHARGE WAS REPRICED ACCORDING TO NETWORK CONTRACT.

03 YOUR PLAN DOES NOT COVER THIS OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL	BENEFIT	PAYARI	E:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

Golden Rule

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

245847465500088803

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

09/04/2013

insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13242-49603-00

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED 10UNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
08/14-08/14/13 08/14-08/14/13 08/14-08/14/13	RADIOLOGY ASSO RADIOLOGY ASSO RADIOLOGY ASSO	215.00 215.00 199.00	12	23.23 23.23 14.07	123.23 123.23 114.07	01 01 01		123.23 123.23 114.07	
	TOTALS	629.00	36	50.53	360.53			360.53	
F	REMARK SECTION		Į		S DEDUCTIE AYMENT AN			360.53	
12/31/2013 PL	YOUR 01/01/2013 THRO AN YEAR DEDUCTIBLE I 7 IS LEFT TO BE SATISF	HAS BEEN				ANCE			
	D AMOUNT REFLECTS A EE FROM A NETWORK	1			TOTAL AV	AT: /AILABLE B	ENEFIT:		.00
ANSWERS TO Y	FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM			ADJUSTMENTS:				·	•••

TOTAL BENEFIT PAYABLE: .00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Fulle instance instanc

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:



A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

28784748860202001

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REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/15/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

TOTAL DRAFTS PAYABLE:

REINALDO LOZANO

Control Number: 13267-42864-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/19-09/19/13 09/19-09/19/13	OKLAHOMA SPINE OKLAHOMA SPINE	121.00 143.00	108.90 128.70	.00 .00	01 01			
	TOTALS	264.00	237.60	.00				
F	REMARK SECTION		LES	S DEDUCTIE	BLE OR MOUNT			
01 YOUR PLAN D	OCES NOT COVER THIS				ANCE			
	ERVICE. THE PROVIDER THE ORIGINAL TOTAL (
	TION ABOUT YOUR PLA			PAYABLE	AT:			
ANSWERS TO Y MYUHONE.CON	YOUR QUESTIONS 24/7 A	AT		TOTAL AV	/AILABLE E	· REMERIT:	<u> </u>	
				ADJUSTN				.00
				TOTAL BI	ENEFIT PAY	/ABLE:		.00
				Drafts hav		MARY OF PAY		indicated.
				PROVID NAME			A	DRAFT MOUNT
you have any questio out this claim or add formation you wish u iview, please contact:	itional P.O. Box 3137 Salt Lake City s to Telephone (80	, Utah 84131-03 10) 657-8205	-					

INS-EQB-EXT

review, please contact:

7:00 am - 5:00 pm (CST)

A United Healthcare Company P.O. Box 31374 Sait Lake City, UT 84131-0374 (800) 657-8205

294647460TC009810

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/22/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13288-52174-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	OKLAHOMA RADIO	40.00	13.77	13.77			13.77	0012725
	TOTALS	40.00	13.77	13.77			13.77	
F	EMARK SECTION			S DEDUCTION AYMENT AN				
	D AMOUNT REFLECTS A EE FROM A NETWORK	A		BAL	ANCE	·	13.77	
FIND INFORMA ANSWERS TO	TION ABOUT YOUR PLA OUR QUESTIONS 24/7	IN AND AT		PAYABLE AT: 100% 13.77				
MYUHONE.CON				TOTAL AN	/AILABLE B IENTS:	1:	3.77	

TOTAL BENEFIT PAYABLE:

13.77

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

OKLAHOMA RADIO

13.77

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

13.77

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

29464745010005603

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/22/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13275-55261-01

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	410.00	31.10	23.33	D1 02		23.33	
	TOTALS	410.00	31.10	23.33			23.33	
f	REMARK SECTION	• • • • • • • •		S DEDUCTIE AYMENT AN			23.33	
— \$671.15 H/ \$20000 OUT O		BAL	ANCE					

01 THE PROVIDER IS NOT IN YOUR NETWORK, BUT HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$7.77 IS THE TOTAL OUT OF NETWORK
PENALTY ON THIS CLAIM, SINCE THE
PROVIDER IS NOT IN YOUR NETWORK.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

TOTAL AVAILABLE BENEFIT:

ADJUSTMENTS:

PAYABLE AT:

TOTAL BENEFIT PAYABLE:

.00

00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

EXHIBIT 2

TOTAL DRAFTS PAYABLE:



A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

25484746070005607

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/22/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13277-60517-00

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13	AMERICAN INTRA AMERICAN INTRA AMERICAN INTRA AMERICAN INTRA AMERICAN INTRA	250.00 2856.00 921.00	2 24 7	24.20 12.50 27.60 82.85 70.25	159.38 1820.70 587.14	D1 02 D1 02 D1 02 D1 02 D1 02 D1 02		543.15 159.38 1820.70 587.14 1252.69	
	TOTALS	6844.00	58:	17.40	4363.06			4363.06	
F	REMARK SECTION				S DEDUCTIE PAYMENT AN			2349.96	
\$10000.00 OF YOUR 01/01/2013 THROUGH 12/31/2013 PLAN YEAR DEDUCTIBLE HAS BEEN MET. \$.00 IS LEFT TO BE SATISFIED.					BAL	ANCE		2013.10	

01 THE PROVIDER IS NOT IN YOUR NETWORK, BUT HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$1454.34 IS THE TOTAL OUT OF NETWORK PENALTY ON THIS CLAIM, SINCE THE PROVIDER IS NOT IN YOUR NETWORK.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT: 80%

1610.48

TOTAL AVAILABLE BENEFIT:

1610.48

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

1610.48

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

AMERICAN INTRA

DRAFT AMOUNT

1610.48

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

1610.48



Golden Rule

A United lealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

29484746010005808

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/22/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13280-07384-00

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED	COVERED	REMARK	COVERED	COVERED	OTHER
09/26-09/30/13	OKLAHOMA SPINE OKLAHOMA SPINE	3200.00		MOUNT 84.00		CODE D1 02	BASE PLAN	MEDICAL 2088.00	COVERED
09/26-09/30/13	OKLAHOMA SPINE	3200.00 55755.00	485	84.00 68.00	2088.00 36426.00	pī ŏž		36426.00	
	TOTALS	58955.00	513	52.00	38514.00			38514.00	
				LES	S DEDUCTI	BLE OR	"		

----- REMARK SECTION -----

01 THE PROVIDER IS NOT IN YOUR NETWORK. BUT HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$12838.00 IS THE TOTAL OUT OF NETWORK PENALTY ON THIS CLAIM, SINCE THE PROVIDER IS NOT IN YOUR NETWORK.

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT** MYUHONE.COM

COPAYMENT AMOUNT BALANCE

PAYABLE AT:

80% 100%

TOTAL AVAILABLE BENEFIT:

35916.62

38514.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

35916.62

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER

NAME

DRAFT **AMÖÜNT**

OKLAHOMA SPINE

35916.62

If you have any questions about this claim or additional information you wish us to

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

35916.62

review, please contact:

A United Healthcare Company P.O. Box 31374 Sait Lake City, UT 84131-0374 (800) 657-8205

29464746070005602

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/22/2013

insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

.00

Control Number: 13275-55261-00



					•			
SERVICE DATES	PROVIDER	TOTAL CHARGED	 EPRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13	NEUROSCIENCE S	137.50 134.50 200.00 2683.75 1325.00 358.75	10.31 16.11 15.00 241.54 178.08 48.96 110.72 243.01	133.56 36.72 83.04	D1 02 D1 02 D1 02 D1 02 D1 02 D1 02 D1 02 D1 02 D1 02		7.74 12.09 11.25 181.16 133.56 36.72 83.04 182.26	33721125
	TOTALS	8495.25	363.73	647.82			647.82	
••••• R	EMARK SECTION			S DEDUCTIE PAYMENT AN			647.82	
•	S BEEN APPLIED TO Y NETWORK DEDUCTIE			BAL	ANCE			
HAS AGREED T	R IS NOT IN YOUR NE O A DISCOUNTED AMO THE TOTAL OUT OF N	DUNT.	PAYABLE AT: TOTAL AVAILABLE BENEFIT			ENEFIT:		.00
PENALTY ON TI	HIS CLAIM, SINCE THE OT IN YOUR NETWOR			ADJUSTM	IENTS:			
	TION ABOUT YOUR PL OUR QUESTIONS 24/7 I							

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST) PROVIDER DRAFT AMOUNT

TOTAL DRAFTS PAYABLE:

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

TOTAL BENEFIT PAYABLE:

A United leathcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

28484746070005804

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/22/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13275-55262-00

	·									
SERVICE DATES	PROVIDER	TOTAL		PRICED	COVERED	REMARK	COVERED	COVERED	OTHER	
09/26-09/26/13	NEUROSCIENCE S	CHARGED 550.00		MOUNT 12.50	309.38	CODE D1 02	BASE PLAN	MEDICAL 309.38	COVERED	
09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13	NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S	538.00	l 1	61 14	120.86	01 02 01 02 01 02 01 02		120.86		
09/26-09/26/13	NEUROSCIENCE S	10735:00	98	61.50	7246.13	D1 02		120.86 450.00 7246.13 1335.57		
U9/20-U9/20/13	I NEUROSCIENCE S	538.00 800.00 10735.00 5300.00 1435.00	17	00.00 61.50 780.75 89.60 07.21	120.36 120.86 450.00 7246.13 1335.57 367.20 830.41 1822.59	D1 02 D1 02 D1 02 D1 02 D1 02 D1 02 D1 02		1335.57 367.20		
09/26-09/26/13 09/26-09/26/13	NEUROSCIENCE S NEUROSCIENCE S	8063.00	1 1	07.21	830.41	Di ÖŽ		i 830.41 i		
09/26-09/26/13	NEUKOSCIENCE S	6560.00	24	30.12	1822.59	01 02		1822.59		
· —	TOTALS	33981.00	166	42.82	12482.14			12482.14		
_					S DEDUCTI			10/00 1/		
	REMARK SECTION				PAYMENT A	MOUNT		12482.14		
	\$7416.82 OF YOUR 01/01/2013 THROUGH					ANCE				
	AN YEAR DEDUCTIBLE				BAL	ANCE				
WEI. \$2303.1	8 IS LEFT TO BE SATIS	סרובט.			PAYABLE	AT:				
\$17416.82 H	IÁS BEEN APPLIED TO	YOUR				••••				
\$20000 OUT O	F NETWORK DEDUCTIE	BLE.								
	•				TOTAL A	VAILABLE B	ENEFIT:		.00	
01 THE PROVIDE	R IS NOT IN YOUR NE	TWORK, BUT			ADJUSTA	AENTS:				
HAS AGREED T	O A DISCOUNTED AMO	DUNT.								
02 \$4160.68 !	S THE TOTAL OUT OF N	FTWORK								
PENALTY ON T	HIS CLAIM, SINCE THE									
PROVIDER IS A	IOT IN YOUR NETWOR	K.								
FIND INFORMA	FIND INFORMATION ABOUT YOUR PLAN AND					ENEFIT PAY	ARI E			
	ANSWERS TO YOUR QUESTIONS 24/7 AT					TOTAL BENEFIT PAYABLE: .00				

PROVIDER

NAME

If you have any questions about this claim or additional information you wish us to review, please contact:

MYUHONE.COM

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

DRAFT

AMÖÜNT

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

Golden Rule

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

29484746070005806

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/22/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13275-55262-01

SERVICE DATES	PROVIDER	TOTAL CHARGED		EPRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED	OTHER
09/26-09/26/13	NEUROSCIENCE S		1640.00 310.96		233.22		DAGE FLAIN	MEDICAL 233.22	COVERED
	TOTALS	1640.00	3	10.96	233.22			233.22	
[REMARK SECTION				S DEDUCTIE AYMENT AN			233.22	
12/31/2013 PL	YOUR 01/01/2013 THR AN YEAR DEDUCTIBLE 86 IS LEFT TO BE SATIS	HAS BEEN			BAL	ANCE			
01 THE PROVIDE HAS AGREED T	ER IS NOT IN YOUR NET TO A DISCOUNTED AMO	rwork, but Dunt.			PATABLE :	M1.			
PENALTY ON T	THE TOTAL OUT OF NE HIS CLAIM, SINCE THE NOT IN YOUR NETWORI				TOTAL AV	/AILABLE B IENTS:	ENEFIT:		.00
	TION ABOUT YOUR PLAYOUR QUESTIONS 24/7								

TOTAL BENEFIT PAYABLE: .00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

MYUHONE.COM

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

Golden Rule

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

20164746000212301 REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

10/29/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13287-05133-00

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	AFFILIATED ANE	3420.00	17	46.00	1746.00	D1		1746.00	
	TOTALS	3420.00	17	46.00	1746.00			1746.00	
Ri	EMARK SECTION				S DEDUCTIE PAYMENT AN				
	AMOUNT REFLECTS A E FROM A NETWORK	A			BAL	ANCE		1746.00	

PROVIDER.

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT** MYUHONE.COM

PAYABLE AT:

100%

1746.00

TOTAL AVAILABLE BENEFIT:

1746.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

1746.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

AMOUNT

AFFILIATED ANE

1746.00

EXHIBIT 3

TOTAL DRAFTS PAYABLE:

1746.00

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

34084745070007202

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13267-42864-20

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/19-09/19/13 09/19-09/19/13	OKLAHOMA SPINE OKLAHOMA SPINE	121.00 143.00		08.90 28.70	.00 .00	01 02 01 02			
	TOTALS	264.00	2	37.60	.00				
R	REMARK SECTION	• • • • • • •			S DEDUCTIE PAYMENT AN				
COVERAGE TER	ISES WERE INCURRED A	ER MAY			BAL	ANCE			
02 YOUR PLAN D	ORIGINAL TOTAL CHAR IOES NOT COVER THIS ERVICE. THE PROVIDER				PAYABLE	AT:			
=	THE ORIGINAL TOTAL C				TOTAL AV	/AILABLE B	ENEFIT:		.00
	TION ABOUT YOUR PLA OUR QUESTIONS 24/7 (1				ADJUSTN	MENTS:			

SUMMARY OF PAYMENT Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

TOTAL BENEFIT PAYABLE:

DRAFT AMOUNT

00

EXHIBIT 4

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Sait Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

MS-EOB-EXT



Golden Rule

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

EL RENO OK 73036-2910

34084746070007222 REINALDO LOZANO 114 N HOFF AVE

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13325-52571-00

TOTAL REPRICED **SERVICE DATES** REMARK COVERED COVERED **PROVIDER** OTHER **COVERED CHARGED AMOUNT** CODE **BASE PLAN** 10/26-10/26/13 HEALTHCARE ONE 10/26-10/26/13 HEALTHCARE ONE 10/26-10/26/13 HEALTHCARE ONE **MEDICAL COVERED** 150.00 80.00 146.00 .00 01 02 .00 01 02 .00 01 02 91.02 **TOTALS** 376.00 91.02 .00 LESS DEDUCTIBLE OR ----- REMARK SECTION -----COPAYMENT AMOUNT AA PLEASE REFER TO OUR LETTER DATED BALANCE 12/05/13 01 THESE EXPENSES WERE INCURRED AFTER THE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

00

ADJUSTMENTS:

OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

02 YOUR PLAN DOES NOT COVER THIS

COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM**

TOTAL BENEFIT PAYABLE:

00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT **AMÖÜNT**

If you have any questions about this claim or additional P.O. Box 31374 information you wish us to review, please contact:

Golden Rule Insurance Company Sait Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 857-8205

34064746070007203

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

00

Control Number: 13275-55261-20

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13	NEUROSCIENCE S	137.50 134.50 200.00 2683.75 1325.00 358.75 2015.75	1	10.31 16.11 15.00 241.54 178.08 48.96 110.72 243.01	.00 .00 .00 .00 .00 .00	D1 D1 D1 D1 D1 D1 D1 D1			
	TOTALS	8495.25	8	363.73	.00	<u> </u>			
REMARK SECTION						S DEDUCTIBLE OR AYMENT AMOUNT			
COVERAGE TER	01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY				BAL	ANCE			
BILL YOU THE	ORIGINAL TOTAL CHA	KGE.			PAYABLE	AT:	•		
FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM					TOTAL AVAILABLE BENEFIT:		BENEFIT:	.00	
					ADJUST	AENTS:			

If you have any questions about this claim or additional information you wish us to review, please contact:

INS-EOB-EXT

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

Drafts have been prepared for the following p	ayees as indicated.
PROVIDER NAME	DRAFT AMOUNT
TOTAL DRAFTS PAYABLE:	

SUMMARY OF PAYMENT

TOTAL BENEFIT PAYABLE:

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

34064746070007204

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALD

Control Number: 13275-55

0 LOZ/ 5262-2		3
RED CAL	HER /ERED	-

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED Mount	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13	NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S	538.00 800.00 10735.00 5300.00 1435.00 8063.00	1 6 96 17 4 11	12.50 61.14 00.00 61.50 80.75 89.60 07.21 30.12	.00 .00 .00 .00 .00 .00	D1 D1 D1 D1 D1 D1 D1 D1			
	TOTALS	33981.00	166	42.82	.00				
F	REMARK SECTION				DEDUCTIE AYMENT AN				
AA PLEASE REFE DATED 12/5/13					BAL	ANCE			

RECONSIDERATION OF BENEFITS.

01 THESE EXPENSES WERE INCURRED AFTER THE **COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.**

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM**

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:	
------------------------	--

00 SUMMARY OF PAYMENT Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

34084746070007206

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13275-55262-21

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	1640.00	3	310.96	.00	01			
	TOTALS	1640.00	3	10.96	.00				
F	REMARK SECTION				S DEDUCTIE AYMENT AN				
COVERAGE TE	ISES WERE INCURRED RMINATED. THE PROVI	DER MAY			BAL	ANCE			
BILL YOU THE	ORIGINAL TOTAL CHAI	RGE.			PAYABLE	AT:			
	TION ABOUT YOUR PLAYOUR QUESTIONS 24/7								
MYUHONE.COM		A.			TOTAL A	/AILABLE E	BENEFIT:		.00
					ADJUSTN	IENTS:			

TOTAL BENEFIT PAYABLE:	.00
SUMMARY OF P Drafts have been prepared for the following	
PROVIDER NAME	DRAFT AMOUNT
TOTAL DRAFTS PAYA	BLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13280-53793-00

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	Al	PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/30-09/30/13 10/01-10/01/13 10/02-10/02/13	NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S	285.00 105.00 65.00	1	277.83 102.39 57.07	.00 .00 .00	01 01 01			
	TOTALS	455.00	4	37.29	.00				
F	REMARK SECTION					BLE OR MOUNT			
AA PLEASE REFE 12/05/13	AA PLEASE REFER TO OUR LETTER DATED 12/05/13					ANCE			
COVERAGE TEI	ISES WERE INCURRED RMINATED, THE PROVI ORIGINAL TOTAL CHAI	DER MAY			PAYABLE				
FIND INFORMA ANSWERS TO MYUHONE.COM			TOTAL AV	VAILABLE E RENTS:	BENEFIT:		.00		
					TOTAL B	ENEFIT PA	YABLE:		.00

PROVIDER NAME

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST) TOTAL DRAFTS PAYABLE:

DRAFT AMOUNT

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

IAIS-EOB-EXT

A United Healthcare Company P.O. Box 31374 Sall Lake City, UT 84131-0374 (800) 657-8205

34084746070007207 REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13282-56307-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/05-10/05/13	NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S	105.00 65.00 65.00 65.00	102.39 57.07 57.07 57.07	.00 .00 .00 .00	01 01 01 01			
	TOTALS	300.00	273.60	.00				
R	EMARK SECTION			S DEDUCTIE AYMENT AN				
AA PLEASE REFE	R TO OUR LETTER DAT	ED		BAL	ANCE			

12/05/13

01 THESE EXPENSES WERE INCURRED AFTER THE **COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.**

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM**

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

00

ADJUSTMENTS:

TOTAL	BENEF!	T PAYABLE:
--------------	--------	------------

00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

INS-E08-EXT

Golden Rule'

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13287-05133-20

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	CHARGED		REPRICED AMOUNT		COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	AFFILIATED ANE	3420.00	17	746.00	.00	01			
	TOTALS	3420.00	17	46.00	.00				
F		LESS DEDUCTIBLE OR COPAYMENT AMOUNT							
09/26-09/26/13 AFFILIATED ANE 3420.00				BAL	ANCE				
COVERAGE TE	RMINATED. THE PROVI	DER MAY			PAYABLE	AT:			n
ANSWERS TO YOUR QUESTIONS 24/7 AT				TOTAL AVAILABLE BENEFIT: ADJUSTMENTS:			BENEFIT:		.00

SUMMARY OF PAYMENT
Drafts have been prepared for the following payees as indicated.

PROVIDER DRAFT AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)



A United Healthcare Company P.O. Box 31374 Sall Lake City, UT 84131-0374 (800) 857-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13288-52174-20



SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	OKLAHOMA RADIO	40.00	13.77	.00	01			
·	TOTALS	40.00	13.77	.00				
		LESS DEDUCTIBLE OR COPAYMENT AMOUNT						
AA PLEASE REFE DATED 12/5/13	ER TO OUR LETTER			BAL	ANCE			

01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL	BENEFIT	PAYABL	E:
-------	---------	--------	----

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as Indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:	

A United Healthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

insured:

REINALDO LOZANO

iD Number: 093172596 34084746910007210 REINALDO LOZANO Claimant: **REINALDO LOZANO** 114 N HOFF AVE EL RENO OK 73036-2910 Control Number: 13289-55006-00 TOTAL REPRICED REMARK COVERED COVERED OTHER **SERVICE DATES PROVIDER COVERED CHARGED AMOUNT** CODE **BASE PLAN MEDICAL COVERED** 10/10-10/10/13 NEUROSCIENCE S .00 D1 65.00 57.07

57.07

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED 12/05/13

01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.

TOTALS

65.00

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

BALANCE

07 .00 LESS DEDUCTIBLE OR

COPAYMENT AMOUNT

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

34084746070007211

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13289-55007-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/12-10/12/13 10/13-10/13/13	NEUROSCIENCE S NEUROSCIENCE S	65.00 65.00	57.07 57.07	.00	D1 D1			
· · · · · · · · · · · · · · · · · · ·	TOTALS	130.00	114.14	.00				
[REMARK SECTION			SS DEDUCTION PAYMENT AN				
AA PLEASE REFI 12/05/13	ER TO OUR LETTER DAT		BAL	ANCE				
O4 THEOR EVOC	IOPO WEDE WOUDDED	AFTED THE		DAVABLE	AT.			

01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

	TOTAL	BENEFIT	PAYA	BLE:
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.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13289-55009-00



SERVICE DATES	PROVIDER	TOTAL Charged	AM	RICED OUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/08-10/08/13	NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S	65.00 105.00 65.00	10	7.07 2.39 7.07	.00 .00	D1 D1 D1			
	TOTALS	235.00	21	6.53	.00				
REMARK SECTION					S DEDUCTIE AYMENT AN				
AA PLEASE REFER TO OUR LETTER DATED 12/05/13					BAL	ANCE			

01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

T	OT	ΔI	REN	JEFIT	PAV	ΔRI	F.

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

34084748010007213 REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13294-61983-00

SERVICE DATES	PROVIDER	TOTAL Charged		EPRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/14-10/14/13 10/15-10/15/13 10/16-10/16/13	NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S	65.00 145.00 161.00		57.07 145.00 149.07	.00	01 01 01			
	TOTALS	371.00	3	351.14	.00				
REMARK SECTION					DEDUCTIE AYMENT AN				
AA PLEASE REFER TO OUR LETTER DATED 12/05/13					BAL	ANCE			

01 THESE EXPENSES WERE INCURRED AFTER THE **COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.**

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM**

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

T	OT	AL	BEN	EFIT	PAY	ABL	E:
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SUMMARY OF PAYMENT Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

Golden Rule'

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

34084746070007214

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

TOTAL

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

REMARK

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

COVERED

OTHER

Claimant:

REINALDO LOZANO

Control Number: 13295-47493-00

COVERED

SERVICE DATES	PROVIDER	TOTAL CHARGED	ARGED AMOUNT		COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/03-10/03/13 10/07-10/07/13 10/10-10/11/13 10/14-10/15/13	OKLAHOMA MULTI OKLAHOMA MULTI OKLAHOMA MULTI OKLAHOMA MULTI	448.00 230.00 460.00 460.00		225.50 119.00 238.00 238.00	.00 .00 .00	01 01 01 01			
	TOTALS	1598.00	8	320.50	.00				
F	REMARK SECTION					BLE OR MOUNT			
AA PLEASE REFE 12/05/13	AA PLEASE REFER TO OUR LETTER DATED 12/05/13				BAL	ANCE			
COVERAGE TE	ISES WERE INCURRED RMINATED. THE PROVI ORIGINAL TOTAL CHAF	DER MAY			PAYABLE	AT:			
ANSWERS TO	FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM				TOTAL AVAILABLE BENEFIT: ADJUSTMENTS:				.00

REPRICED

PROVIDER NAME

TOTAL BENEFIT PAYABLE:

DRAFT AMOUNT

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If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

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TOTAL DRAFTS PAYABLE	<u> </u>

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

34054740070007215

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13301-52761-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/02-10/02/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
	TOTALS	36.00	13.80	.00				
F	REMARK SECTION			S DEDUCTIE PAYMENT AN				
AA PLEASE REFER TO OUR LETTER DATED 12/05/13				BAL	ANCE			
	ISES WERE INCURRED A RMINATED. THE PROVID			PAYABLE	AT:	•		

BILL YOU THE ORIGINAL TOTAL CHARGE.

02 YOUR PLAN DOES NOT COVER THIS **OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.**

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM**

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT **AMOUNT**

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:



A UnitedHealthcare Company P.O. Box 31374 Sall Lake City, UT 84131-0374 (800) 657-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13301-52762-00



SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13 10/01-10/01/13	RADIOLOGY CONS RADIOLOGY CONS	190.00 36.00	52.81 13.80	.00 .00	01 02 01 02			
							i	
	TOTALS	226.00	66.61	.00				
R	EMARK SECTION			S DEDUCTIE PAYMENT AN				
AA PLEASE REFE 12/05/13	R TO OUR LETTER DAT	ED		BAL	ANCE			

01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.

02 YOUR PLAN DOES NOT COVER THIS OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule instructions
P.O. Box 31374
Salt Lake City, U
Telephone (800)

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

Golden Rule

A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 857-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13301-52764-00



SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
<u> </u>	TOTALS	36.00	13.80	.00				
f	REMARK SECTION			S DEDUCTIE PAYMENT AN		-		
AA PLEASE REFE 12/05/13	R TO OUR LETTER DAT	ED		BAL	ANCE			

01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY

02 YOUR PLAN DOES NOT COVER THIS

BILL YOU THE ORIGINAL TOTAL CHARGE.

OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL	BENEFIT	PAVARI	E
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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:	
TOTAL DHAFTS FATABLE:	

A United-leafthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

34084746070007218

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13301-52765-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
	TOTALS	36.00	13.80	.00	<u> </u>			
R	EMARK SECTION		LES	S DEDUCTIE PAYMENT AN				
AA PLEASE REFE 12/05/13	R TO OUR LETTER DAT	red .		BAL	ANCE			
COVERAGE TER	SES WERE INCURRED MINATED. THE PROVI DRIGINAL TOTAL CHAF	DER MAY		PAYABLE	AT:			
CUTPATIENT SE	DES NOT COVER THIS ERVICE. THE PROVIDE THE ORIGINAL TOTAL (TOTAL AV	/AILABLE B IENTS:	ENEFIT:		.00
	TION ABOUT YOUR PL/ OUR QUESTIONS 24/7							
				TOTAL BE	ENEFIT PAY	ABLE:		.00

PROVIDER NAME

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:	

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

DRAFT AMOUNT

NB-EOB-EXT

A United Healthcare Company P.O. Box 31374 Sall Lake City, UT 84131-0374 (800) 657-8205

34084746070007219 REINALDO LOZANO

114 N HOFF AVE

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13301-52766-00

EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	125.00	34.80	.00	01 02			
•	TOTALS	125.00	34.80	.00	<u> </u>			
f	REMARK SECTION	- 	LES	S DEDUCTIE				
AA PLEASE REFE 12/05/13	ER TO OUR LETTER DAT	ED		BAL	ANCE			
	USES WERE INCURRED A			PAYABLE	AT:			

COVERAGE TERMINATED. THE PROVIDER MAY **BILL YOU THE ORIGINAL TOTAL CHARGE.**

02 YOUR PLAN DOES NOT COVER THIS **OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.**

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM**

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

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SUMMARY OF PAYMENT Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

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Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A UnitedHealthcare Company P.O. Box 31374 Sali Lake City, UT 84131-0374 (800) 657-8205

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

00

Control Number: 13301-52767-00

34084740010007220 REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	CHARGED		PRICED MOUNT	COVERED	REMARK CODE	BASE PLAN	COVERED MEDICAL	COVERED
10/02-10/02/13	RADIOLOGY CONS	190.00	52.81		.00	01 02			
	TOTALS	190.00		52.81	.00				
F	REMARK SECTION		•		S DEDUCTIE PAYMENT AN				
AA PLEASE REFE 12/05/13	ER TO OUR LETTER DAT	ED			BAL	ANCE			
COVERAGE TE	ISES WERE INCURRED RMINATED. THE PROVI ORIGINAL TOTAL CHAF	DER MAY			PAYABLE	AT:			
OUTPATIENT S	DOES NOT COVER THIS ERVICE. THE PROVIDE THE ORIGINAL TOTAL (R MAY			TOTAL AV	/AILABLE B IENTS:	BENEFIT:		.00
	ITION ABOUT YOUR PLA YOUR QUESTIONS 24/7								
					TOTAL BE	NEFIT PAY	ABLE:		00

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

SUMMARY OF PAYMENT Drafts have been prepared for the following payees as indicated. DRAFT AMOUNT **PROVIDER** NAME **TOTAL DRAFTS PAYABLE:**

A United lealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/09/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

00

DRAFT AMOUNT

Control Number: 13312-55867-00

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/25-10/25/13 10/25-10/25/13	NEUROSCIENCE S NEUROSCIENCE S	0.00 155.00	36.33		.00	01 02 01 02			
	TOTALS	155.00		36.33	.00				
F	REMARK SECTION	• • • • • • • •			S DEDUCTIE AYMENT AN				
COVERAGE TER	ISES WERE INCURRED A RMINATED. THE PROVID ORIGINAL TOTAL CHAR	ER MAY			BAL	ANCE			
02 YOUR PLAN D OUTPATIENT S BILL YOU FOR FIND INFORMA	POES NOT COVER THIS ERVICE. THE PROVIDER THE ORIGINAL TOTAL C TION ABOUT YOUR PLA FOUR QUESTIONS 24/7	I MAY HARGE. N AND			PAYABLE TOTAL AV	/AILABLE E	BENEFIT:		.00

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Inst P.O. Box 31374
Salt Lake City, U
Telephone (800)

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST) TOTAL DRAFTS PAYABLE:

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

TOTAL BENEFIT PAYABLE:

PROVIDER NAME

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

35064746060230101 REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/17/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13275-55261-21

SERVICE DATES	TES PHOVIDER CHARGED A		REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	410.00	31.10	.00				
	TOTALS	410.00	31.10	.00				
R	EMARK SECTION			S DEDUCTIE				
COVERAGE TER	SES WERE INCURRED MINATED. THE PROVID DRIGINAL TOTAL CHAR	DER MAY		BAL	ANCE			
FIND INFORMA	TION ABOUT YOUR PLA	N AND		PAYABLE	AT:			

TOTAL AVAILABLE BENEFIT: 00 **ADJUSTMENTS:**

MYUHONE.COM

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER

DRAFT AMOUNT

EXHIBIT 5

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

A UnitedHealthcare Company P.O. Box 31374 Sait Lake City, UT 84131-0374 (800) 657-8205

350847460C0230102

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/17/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13277-60517-20

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SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED 10UNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13 09/26-09/26/13	AMERICAN INTRA	852.00 250.00 2856.00 921.00 1965.00	2 24 7	24.20 12.50 27.60 82.85 70.25	.00 .00 .00 .00	01 01 01 01 01			
	TOTALS	6844.00	58	17.40	.00				
	REMARK SECTION		S DEDUCTIE PAYMENT AN						
AA CORRECTION	I TO FILE				BAL	ANCE			
01 THESE EXPER	ISES WERE INCURRED	AFTER THE			L				<u> </u>

01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL	BENEFIT	DAVADIE	
ILJIMI.	DENEFIL	PATABLE	

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A United lealthcare Company P.O. 8ox 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

35064746860239103

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

Insured:

ID Number:

Claimant:

Control Number: 13280-07384-20

12/17/2013 **REINALDO LOZANO** 093172596 **REINALDO LOZANO**

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/30/13 09/26-09/30/13	OKLAHOMA SPI OKLAHOMA SPI	NE 3200.00 NE 55755.00		784.00 68.00	.00 .00	D1 D1			
						Ì			
	TOTALS	58955.00	512	52.00	00				
,	TOTALS	20322.00	213	لستسب		L			
	REMARK SECTIO	N			S DEDUCTIE PAYMENT AN				
AA CORRECTION	TO FILE				BAL	ANCE			
A1 THERE EVES	ISES WERE INCURR	EN AETER THE							
COVERAGE TE	RMINATED. THE PRI ORIGINAL TOTAL C	VIDER MAY			PAYABLE	AT:			
	ATION ABOUT YOUR Your Questions 2 Vi				TOTAL AN	/AILABLE E MENTS:	BENEFIT:		.00

TOTAL BENEFIT PAYABLE: 00 SUMMARY OF PAYMENT Drafts have been prepared for the following payees as indicated. DRAFT AMOUNT **PROVIDER** NAME

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

38084746060230104

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/17/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13295-43519-00

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/30-10/16/13 09/30-10/16/13	MERCY REHABILI MERCY REHABILI	12800.00 26427.95	819 172	92.00 48.00	.00	D1 D1			
	TOTALS	39227.95	2544	40.00 LES	.00	LE OR			
A	EMARK SECTION		Ĺ		AYMENT AN				
AA PLEASE REFE 12/05/13	R TO OUR LETTER DA	TED			BAL	ANCE			
COVERAGE TER	SES WERE INCURRED MINATED. THE PROVI DRIGINAL TOTAL CHAI	DER MAY			PAYABLE A	AT:			
	TION ABOUT YOUR PL OUR QUESTIONS 24/7				TOTAL AV	AILABLE B IENTS:	ENEFIT:		.00

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PAYMENT illowing payees as indicated.
DRAFT AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

P.O. Box 31374
Salt Lake City, U
Telephone (800)
7:00 am = 5:00 r

MYUHONE.COM

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/20/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13340-46861-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
12/03-12/03/13 12/03-12/03/13	HEALTHCARE ONE HEALTHCARE ONE	150.00 146.00	91.02	.00 .00	01 02 01 02			
		Į.						
	TOTALS	296.00	91.02	.00				
F	REMARK SECTION			S DEDUCTIE PAYMENT AN				
01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY				BAL	ANCE			
BILL YOU THE	ORIGINAL TOTAL CHAR	GE.						

02 YOUR PLAN DOES NOT COVER THIS OUTPATIENT SERVICE. THE PROVIDER MAY

BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

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TOTAL	RFN	EFIT	PΔY	ΔBI	ΙE

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

EXHIBIT 6

TOTAL DRAFTS PAYABLE:

A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 857-8205

35364746000065503 REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/20/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13340-54743-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13 10/01-10/01/13	RADIOLOGY CONS RADIOLOGY CONS	190.00 36.00	52.81 13.80	.00 .00	01 02 01 02			AL COVERED
	TOTALS	226.00	66.61	.00				
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01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE					ANCE			

BILL YOU THE ORIGINAL TOTAL CHARGE.

02 YOUR PLAN DOES NOT COVER THIS **OUTPATIENT SERVICE. THE PROVIDER MAY** BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT** MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT	P	A'	YA	BI	LE
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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT **AMÖÜNT**

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

3536474G0D0088504

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/20/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13340-54746-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICE	COVEDED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	36.00	13.8	00.00	01 02			
	TOTALS	36.00	13.8	0 .00		į į		
F	REMARK SECTION			ESS DEDUCTI OPAYMENT A				
COVERAGE TE	ISES WERE INCURRED A RMINATED. THE PROVIC ORIGINAL TOTAL CHAR	DER MAY		BAL	ANCE			
				PAYABLE	AT:			
	OES NOT COVER THIS							
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FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL	RENEFIT	PAVARI	F٠

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Sait Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:	

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

3538474GGD008E50B REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/20/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13340-54747-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/02-10/02/13	RADIOLOGY CONS	190.00	52.81	.00	01 02			
	TOTALS	190.00	52.81	.00				
F	REMARK SECTION			S DEDUCTIE PAYMENT AN				
01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.				BAL	ANCE			

02 YOUR PLAN DOES NOT COVER THIS OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT** MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

INS.FOR.FXT

A United Healthcare Company P.O. Box 31374 Sall Lake City, UT 84131-0374 (800) 657-8205

16304746000086506 REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/20/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13340-54748-00

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	125.00		34.80	.00	01 02			
<u>,</u>	TOTALS	125.00		34.80	.00				
	REMARK SECTION				S DEDUCTIE PAYMENT AN				
COVERAGE TE	NSES WERE INCURRED RMINATED. THE PROVII ORIGINAL TOTAL CHAR	DER MAY	·		BAL	ANCE			

02 YOUR PLAN DOES NOT COVER THIS **OUTPATIENT SERVICE. THE PROVIDER MAY** BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT** MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A United Healthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

35364746600085507

REINALDO LOZANO

Control Number: 13340-54756-00

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL. Date: 12/20/2013 **REINALDO LOZANO** Insured: ID Number: 093172596 Claimant:

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	CHARGED	 PRICED MOUNT	COVERED	CODE	BASE PLAN	MEDICAL	COVERED	
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02				
	TOTALS	36.00	 13.80	.00					
			 	S DEDUCTIE	BLE OR				
	REMARK SECTION	• • • • • • •		PAYMENT AN					
COVERAGE TE	NSES WERE INCURRED RMINATED. THE PROVI	DER MAY	BALANCE						
BILL YOU THE	ORIGINAL TOTAL CHAI	RGE.		PAYABLE AT:					
OUTPATIENT S	DOES NOT COVER THIS SERVICE. THE PROVIDE	R MAY							
BILL YOU FOR	THE ORIGINAL TOTAL	CHARGE.		TOTAL A		.00			
	ATION ABOUT YOUR PL Your Questions 24/7 M			ADJUSTN	ÆNTS:				

TOTAL BENEFIT PAYABLE: 00 **SUMMARY OF PAYMENT** Drafts have been prepared for the following payees as indicated. **DRAFT PROVIDER AMÖÜNT** NAME

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

12/20/2013

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13340-54762-00

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED		PRICED WOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/02-10/02/13	RADIOLOGY CONS	36.00	13.80		.00	01 02			
	TOTALS	36.00		13.80	.00				
O1 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE. O2 YOUR PLAN DOES NOT COVER THIS OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE. FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT					PAYABLE	ANCE AT:	BENEFIT:		.00
MYUHONE.CO					TOTAL E	BENEFIT PA	YABLE:		.00

If you ave any questions about his claim or additional informating you wish us to review, plese contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST) PROVIDER DRAFT AMOUNT

TOTAL DRAFTS PAYABLE:

SUMMARY OF PAYMENT

A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

38544740000152808

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

01/02/2014

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13336-59781-00

SERVICE DATES	PROVIDER	TOTAL CHARGED		RICED DUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/30-09/30/13 10/01-10/01/13 10/02-10/02/13	NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S	285.00 105.00 65.00	27 10 5	7.83 2.39 7.07	.00 .00 .00	01 01 01			
	TOTALS	455.00	43	7.29	.00				
RE	MARK SECTION				S DEDUCTIE AYMENT AN				
01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.					BAL	ANCE			

FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT**

MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL !	BENEFIT	PAYABLE:
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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

EXHIBIT 7

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)



A United Healthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

REINALDO LOZANO

114 N HOFF AVE

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT

EL RENO OK 73036-2910

Date:

01/02/2014

Insured:

REINALDO LOZANO

ID Number:

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

093172596

Claimant:

REINALDO LOZANO

Control Number: 13336-47966-00

SERVICE DATES	PROVIDER	TOTAL CHARGED			COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/14-10/14/13 10/15-10/15/13 10/16-10/16/13	NEUROSCIENCE S NEUROSCIENCE S NEUROSCIENCE S	65.00 145.00 161.00	57.07 145.00 149.07		.00 .00 .00	D1 D1 D1			
	TOTALS	51.14	.00						
A	REMARK SECTION	S DEDUCTIE AYMENT AM							
01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.					BALANCE				
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TOTAL AVAILABLE BENEFIT:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

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Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A UnitedHealthcare Company P.O. Box 31374 Salt Lake City, UT 84131-0374 (800) 657-8205

REINALDO LOZANO
114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

01/02/2014

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13336-57532-00

SERVICE DATES	RVIGE DATES PROVIDER CHARGED A		REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/10-10/10/13	NEUROSCIÉNCE S 65.00		57.07	.00	01			
	TOTALS	65.00	57.07	.00				
R	EMARK SECTION		S DEDUCTION					
01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.				BAL	ANCE			
FIND INFORMA	TION ABOUT YOUR PLA OUR QUESTIONS 24/7	AN AND		PAYABLE	AT:			

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL	BENEFIT	PAYABL	E:
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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

MYUHONE.COM

Golden Rule Insurance Company P.O. Box 31374 Sait Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A United Healthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

01/02/2014

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13336-57533-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	AN	PRICED MOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/04-10/04/13 NE 10/05-10/05/13 NE	UROSCIENCE S UROSCIENCE S UROSCIENCE S UROSCIENCE S	105.00 65.00 65.00 65.00	1	02.39 57.07 57.07 57.07	.00 .00 .00 .00	01 01 01 01			
	TOTALS	300.00	2	73.60	.00				
REM	ARK SECTION				S DEDUCTIE AYMENT AN				
01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.					BAL	ANCE			

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

MYUHONE.COM

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:

A UnitedHealthcare Company P.O. Box 31374 Saft Lake City, UT 84131-0374 (800) 857-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

01/02/2014

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13336-58186-00

TOTAL REPRICED REMARK COVERED COVERED OTHER **SERVICE DATES PROVIDER COVERED CHARGED AMOUNT** CODE **BASE PLAN MEDICAL COVERED** 10/12-10/12/13 10/13-10/13/13 NEUROSCIENCE S NEUROSCIENCE S 65.00 65.00 57.07 57.07 .00 D1 **TOTALS** 130.00 114.14 .00 LESS DEDUCTIBLE OR ----- REMARK SECTION -----COPAYMENT AMOUNT 01 THESE EXPENSES WERE INCURRED AFTER THE BALANCE COVERAGE TERMINATED. THE PROVIDER MAY **BILL YOU THE ORIGINAL TOTAL CHARGE. PAYABLE AT:** FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT** MYUHONE.COM **TOTAL AVAILABLE BENEFIT:** 00 **ADJUSTMENTS:**

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:



A United Healthcare Company P.O. Box 31374 Selt Lake City, UT 84131-0374 (800) 657-8205

REINALDO LOZANO

114 N HOFF AVE

EL RENO OK 73036-2910

THIS IS AN EXPLANATION OF BENEFITS. THIS IS NOT A BILL.

Date:

01/02/2014

Insured:

REINALDO LOZANO

ID Number:

093172596

Claimant:

REINALDO LOZANO

Control Number: 13336-59780-00

TOTAL REPRICED REMARK COVERED COVERED OTHER **SERVICE DATES PROVIDER** COVERED **CHARGED AMOUNT** CODE **BASE PLAN MEDICAL COVERED** 10/07-10/07/13 10/08-10/08/13 10/09-10/09/13 65.00 105.00 65.00 57.07 102.39 57.07 NEUROSCIENCE .00 01 .00 01 .00 01 NEUROSCIENCE S NEUROSCIENCE S **TOTALS** 235.00 216.53 .00 LESS DEDUCTIBLE OR ----- REMARK SECTION -----COPAYMENT AMOUNT 01 THESE EXPENSES WERE INCURRED AFTER THE BALANCE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE. PAYABLE AT: FIND INFORMATION ABOUT YOUR PLAN AND **ANSWERS TO YOUR QUESTIONS 24/7 AT** MYUHONE.COM **TOTAL AVAILABLE BENEFIT:** 00 **ADJUSTMENTS:**

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME DRAFT AMOUNT

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Inst Golden Rule Inst

Golden Rule Insurance Company P.O. Box 31374 Salt Lake City, Utah 84131-0374 Telephone (800) 657-8205 7:00 am - 5:00 pm (CST)

TOTAL DRAFTS PAYABLE:



December 5, 2013

REINALDO LOZANO 114 N HOFF AVE EL RENO OK 73036-2910

Subject: ID Number 093-172-596 **CORRECTED LETTER**

Dear Mr. Lozano:

As indicated in our previous letter, your coverage has been terminated.

After reviewing our records, it was determined that you are not due a refund. We apologize for any confusion our letter dated December 2, 2013, may have caused you.

If you have any questions or concerns, please contact our Client Services department.

Sincerely,

Policy Administration

Golden Rule Insurance Company

Home Office 712 Eleventh Street Lawrenceville, Illinois 62439 (800) 657-8205 www.myuhone.com **EXHIBIT 8**

67RRV PLT066-1